

STATE OF LOUISIANA
RECREATIONAL AND USED MOTOR VEHICLE COMMISSION

3132 VALLEY CREEK DRIVE
 BATON ROUGE, LOUISIANA 70808
 (225) 925-3870 FAX # (225) 925-3869

www.lrumvc.louisiana.gov

Current License No. _____

RECEIPT NO. _____

R# _____

LICENSE NO. _____

DT - _____

DATE ISSUED _____

APPLICATION FOR LICENSE AS DISTRIBUTOR FOR YEAR 20_____

PLEASE PRINT OR TYPE. Complete entire application and attach such documents as required. Any misrepresentation or omission of information shall be grounds for refusal or revocation of a Distributor License.

OWNERSHIP NAME _____
 (Name of Individual, Partnership, Corporation, LLC or LLP)

BUSINESS NAME _____ PHONE () _____
 (Name Under Which Business Will Be Conducted) (No Cellular Phones Allowed)

FAX () _____

OFFICE HOURS _____ DAYS _____

BUSINESS LOCATION _____ COUNTY/PARISH _____ ZIP _____
 (No., Street, City/Town, State)

MAILING ADDRESS (if different from above) _____ Zip _____

Indicate by (✓) in the applicable block shown below for the type of business you are engaged in. If several types apply to your business, although it is one combined operation, each applicable block must be checked.

I (WE) ENGAGE IN THE FOLLOWING BUSINESS:

DISTRIBUTOR

BRAND NAMES

BOATS	<input type="checkbox"/>	_____
BOAT MOTORS (loose engines)	<input type="checkbox"/>	_____
TRAILERS	<input type="checkbox"/>	_____
MOTORCYCLES	<input type="checkbox"/>	_____
ATV'S/OFF ROAD	<input type="checkbox"/>	_____
MOTORHOMES	<input type="checkbox"/>	_____

DISTRIBUTOR CONTACT PERSON _____ PHONE NO. _____
 CELLULAR PHONE _____

Have you ever been convicted or pled guilty to any crime other than a traffic violation in the past 10 years?
☐ Yes ☐ No If yes, state individual's name, offense, date of offense and where on reverse side.

I hereby certify that the statements made herein are true and correct to the best of my knowledge and belief and that I am familiar with the provisions of the laws under which this application is made.

DISTRIBUTOR SIGNATURE _____ DATE _____
 Individual, Managing Partner, President of Corporation or
 Duly Authorized Representative

Any false answer is a criminal offense subject to a fine not to exceed \$5,000.00 or imprisonment not to exceed 4 years or both.

Sworn to and subscribed before me this _____ day of _____ 20 _____

NOTARY PUBLIC SIGNATURE/COMMISSION STAFF _____

ATTACH Check to cover \$100.00 fee for each Distributor, \$100.00 fee for each Sales Representative

ATTACH Check for \$35.00 to cover criminal record check, if applicable.

Make Checks payable to: Louisiana Recreational and Used Motor Vehicle Commission.

MAIL Completed Form, Sales Representative Application(s), Fees and List of Dealers authorized to sell your products to above address. A Sales Representative is not needed if the manufacturer is also a Louisiana Dealer and both operations are conducted at the same location.

PURSUANT TO THE AMERICANS WITH DISABILITIES ACT, ASSISTANCE WILL BE PROVIDED IN COMPLETING ANY FORMS REQUIRED BY THE LOUISIANA RECREATIONAL AND USED MOTOR VEHICLE COMMISSION.